

**RECEIVED
CENTRAL FAX CENTER**

NOV. 29, 2005 1:59PM AVENTIS US PAT DEPT
TO: US CENTRALIZED USPTO

NO. 0073 P. 1

NOV 29 2005

PTO/SB/31 (08-04)
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Approved for use through 07/31/2006. OMB 0201-0007

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

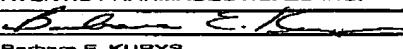
**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)
Total Number of Pages in This Submission 22

Application Number	10/686,250
Filing Date	December 29, 2002
First Named Inventor	FI NK, et. al.
Art Unit	1626
Examiner Name	Golam M. SHAMEEM
Attorney Docket Number	USHMRS2020 US PCT

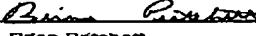
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Filing	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavit/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> ROE with Submission under 1.14
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Barbara E. KURYS		
Date	November 29, 2005	Reg. No.	34650

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: (USPTO FAX NO. 571-273-8300 Total No. of Pages Transmitted: 22)

Signature		Date	November 29, 2005
Typed or printed name	Brian Pritchett		

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a patent or a design. The submission of the information is voluntary. The information will be used for official purposes (including gathering, preparing, and submitting the completed application form to the USPTO). This will vary depending upon the individual case. Any comment on the

BEST AVAILABLE COPY